



# CHASE GARDEN VOLUNTEER APPLICATION FORM



DATE

NAME

Email

ADDRESS

CITY

ZIP

PHONE#

CELL#

OCCUPATION

BIRTH DATE (optional)

EMERGENCY CONTACT

PH#

Relationship

Allergies/Physical Limitations

**VOLUNTEER ACTIVITIES-** Please check those you'd be interested in:

- Propagating plants
- Working in the garden
- Helping at plant sales
- Direct parking for events
- Helping with garden events
- Docent
- Greeting visitors
- Booths & Fairs
- Data entry
- Carpentry/Handyman
- Office assistance
- Planning Committee/Board

**SKILLS , INTERESTS, TRAINING YOU WOULD BE WILLING TO OFFER CHASE GARDEN:**

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**AVAILABILITY:**  Regular  One-time Event  Flexible times

Days and times available

How many hours/month

**RELEASE OF LIABILITY:** As a condition of participating in Chase Garden volunteer program, I hereby release Chase Garden, Garden Conservancy, it's agents, associates and related parties from all responsibility of personal injury to me and damages to my property sustained in the performance of my volunteer activities.

I have read and accept the Chase Garden release statement.

Print Name

Signature

Date